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Care of the Sick



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Proper care of the sick involves providing a room that is desirable, and convenient; a bed that is comfortable and not too low; a nurse who is capable, clean, tactful and thoughtful. With this combination a sick person is afforded what they have a right to demand and expect: comfort, care, and consideration.



CARE OF THE SICK

H. L. YOUTZ, M. D.

CARE of the sick must accomplish three things. The improvement of the patient, the comfort of the patient and the protection of those who are well. The patient wants to get well. That is the most important thing to him and it must be the foremost thought of his attendant. A sick person cannot attend to his own personal wants, and because he is sick and not normal, either physically or nervously, his wants are likely to be many. The health of other members of the household must not suffer because one member is sick. Special precautions are necessary if the disease is a contagious one.

Helping To Get Well

The first duty of the attendant or nurse must be to see that the patient gets the proper food, in the proper amount, at the proper times. If a doctor is in charge, this part of the work is simplified. In that case the task includes seeing that the medicine prescribed is given when and as directed.

Choice of a Room

One of the first questions when a member of the family is taken sick is, "What room shall we put him in?" This is important. The sicker the patient and the longer he is likely to be sick the more important the question becomes.

In the choice of a room we are guided by several things. We want a room that is fairly large; one that has plenty of windows; and one that the sun can shine in for as large a portion of the day as possible. Sunlight is valuable in a sick room. It adds to the general cheer, it destroys germs, and it prevents dampness or chilliness.

Never choose a room in which the sun does not shine several hours daily. A room with a southern exposure is to be preferred. If the illness occurs during the hot months and the direct rays of the sun, beating in at the window are too hot, awnings for the window may be purchased or improvised with a simple wooden frame and a piece or two of old sacking or canvas. This awning may be attached to the outside of the window frame or it may be supported on posts beside the window.

At least one of the windows should be so fixed that it can be opened. Fresh air in the sick room is necessary. Besides the bed, a chair, and a stand there should be as little furniture in the room as possible. Upholstered furniture should be replaced by plain. The fewer pictures, and other ornaments, on the walls the better. Unnecessary drapes, curtains and hangings should be removed. All these gather dust and germs. Flowers in profusion, especially those with considerable odor, should not be kept in the sick-room. The plainest simplicity in all room furnishings should be the rule. This applies to the floor coverings too. A bare, hard wood floor with no carpets, rugs or mats is best. Linoleum is permissible and even desirable. Clothing and bedding that may be in the closets of the sick-room should be removed. Labor is lessened, confusion is avoided, and dust has no place to collect if these rules are observed.

In the choice of a room for a sick member of the family we must take into account its relation to the rest of the house. Where quiet is essential, a place must be found, if possible, far away from the noise of the ordinary routine of the household or of the barn-yard. If the patient's nurse is also house-keeper, her work may be lightened by choosing a room near that part of the house where most of her other duties must be performed. Frequently this will mean that the patient must be kept in a down-stairs room instead of up-stairs. In contagious diseases, of course, the patient must be kept in the room where there is least danger of the disease spreading to other members of the family. That would be the room most easily separated from the rest of the house. Sometimes it is impossible to follow all these rules of choosing a room. The patient's welfare must come first. The more serious the illness the more true this is.

The Bed

We must use care in selecting and making up the bed for the patient. A metal bedstead is the best. It is more easily handled and more easily kept clean. Choose a bed with high side-bars if possible. A low bed makes it hard to handle a patient. A high bed lightens the work of bathing, dressing and arranging the bedding. A low bed may be made higher by the use of a little ingenuity. The legs of a metal bed may be made longer by fitting over each leg a piece of metal pipe cut to the right length. Castors may be placed on these 'stilts'—the castors belonging to the bed so the bed may be easily moved as before. A wooden bed may also be made higher by the use of blocks of equal and suitable height placed under or attached to the four legs. If you have tried taking care of a patient, especially a grown person, in a low bed, one trial of the high bed will convince you of its worth.

If the bed has springs, they should be even and quite stiff. A soft, sagging spring is not comfortable. The spring should sag but little with the weight of the patient.

The mattress should not be too thick and not too soft. A mattress four to six inches thick with the filling evenly distributed and corded so the filling does not tend to roll into lumps in various spots is better than a thick one. A hard mattress is better than a soft one. Feather mattresses are undesirable. They are unsanitary. They are less comfortable. Their use makes caring for the patient difficult. Mattresses of clean, fresh straw are much to be preferred to the latter. They should be well-packed and only of the thickness suggested. Cotton, wool, or hair mattresses are most satisfactory but they are not essential.

In some cases, a rubber sheet over the mattress, extending twenty inches or more below the patient's hips and as far above, is desirable. This is especially true if the patient is a child or if a bed-pan is used. For old persons, too, who are often more or less helpless, the same arrangement is an advantage. Over the rubber sheeting a single layer of cotton blanket prevents the discomfort that might result from having the rubber too close to the patient's skin. A sheet should be placed over the mattress, covering it and the already covered sheet. Blankets next to the patient are not desirable. A sheet should cover the patient, too. Over the covering sheet should be only enough covers to provide sufficient warmth to make the patient comfortable. A sick person, no more than a well one, does not need to be kept uncomfortably warm. The

covers should be as light as possible and furnish the warmth desired. Blankets and quilts are more desirable than thick comforts. They are more easily washed.

At least once each week, twice is better, all the bedding should be taken out doors and aired for a few hours. When practicable, the mattress, should be aired every week or ten days. It is remarkable how this simple procedure freshens the bedding and how it prevents the sick-room odor from becoming too prominent. Bedding so aired in cold or chilly, or damp weather should be made comfortably warm before being returned to the bed.

The pillows may be chosen somewhat according to the patients wish, but the same general rules must be applied to their choice as govern the choice of a mattress. They should not be too large; they should not be too soft. A fairly hard, medium sized pillow will answer the need of most patients best. The pillow case should be frequently changed.

The Patient

With the room decided upon and prepared and the bed made, we are ready for the patient. If possible, before getting in bed the patient should have a bath. If this is not practicable he may go to bed first and the bath given later. A long gown, made to fasten in the back, is the most easily put on and taken off with the patient in bed. A garment made to slip over the head is not convenient. Pajamas may be used. Ordinarily, cotton bed gowns are best. If there is much tendency to perspire, a light flannel gown may be used.

The first morning care of the patient is to wash his face and hands with tepid or nearly tepid water. Do the washing quickly with a wash-cloth wrung out dry enough that the water does not drip on the patient or the bed. Dry quickly with a soft towel. Comb the hair, at least to the extent of passing the comb through it several times. If the patient is a woman and thorough combing needs too much time this may be left until a more convenient time. But pass the comb through the hair a few times anyway. It adds much to the comfort of the patient. Arrange the bedding quickly. Stretch the wrinkles out of the sheets. Adjust the covers. Place them straight on the bed. See that they do not hang down on one side making the patient support their weight constantly. Take the pillow and freshen it by thumping it and fluffing it. Wash the patient's teeth for him if he is unable to do it himself. Let him rinse his mouth with a little salt water—half a teaspoonful of salt in a glass of water. (A little salt on the tooth-brush when he washes his teeth makes the mouth feel clean.) A like amount of soda in a glass of water makes a good mouth-wash. Most households have a bottle of some well-known mouth-wash. Any of these used with an equal amount of water are satisfactory either for washing the teeth or for a mouth-wash.

Food for the Patient

The patient now feels much more comfortable and is ready for breakfast. Diet must be regulated according to the condition of the patient. We can only consider general principals that govern the feeding of the sick. Take much pains in getting the food ready to bring to the sick room. Make your tray as attractive as possible. Don't bring a loaded

tray to a patient with little or no appetite. Be careful how you cut the bread—small, even slices. Use dishes as small and dainty as practicable. Don't put a little tea in a big cup if you have a small cup. Don't put a large pitcher of cream on the tray if you have a small pitcher or glass to put the cream in. If you make toast, make it carefully, nicely browned, not burned. A small fresh looking portion of butter on a butter patty or on the side of the plate is much better than a dish or saucer half full of butter from the family table. A very little pains, a little 'style', sometimes creates an appetite where lack of it would send the tray away untouched. Water and milk should be cold enough to be agreeable. Tea or coffee should be as hot as the patient likes them. Small portions nicely served, and eaten, will keep up the patient's strength much better than large portions carelessly served and carried back to the kitchen. An after breakfast mouth-wash will appeal to the patient.

The Bath

At a convenient hour in the fore-noon the patient should have a sponge bath. Have the room warm. Close the windows and doors enough that there is no current of air on the patient. Have an extra blanket ready. Have the water nice and warm, and provide soap, a soft wash cloth and a large towel. Turn the covers back, throw the extra blanket over the patient and remove the gown. Now work as rapidly as practicable. Use the wash-cloth wet enough that the water does not drip on the patient nor on the bed. Wash one arm and dry it quickly and thoroughly. Wash and dry the other arm in the same way. Wash the neck and ears. Wash the chest, then the abdomen. Turn the patient on his side and wash his back. The shoulders, hips and spine must be carefully washed and dried and inspected closely for the appearance of bed sores. This is very important. It is much easier to prevent bed-sores than it is to cure them after they appear. Wash the legs and the feet in their turn. The bath finished and the gown on, the covers may be replaced. The more feeble or nervous the patient, the more important that the bath be given quickly and with as little confusion or disturbance as possible. Better a partial bath with the patient refreshed and rested than a complete bath and the patient irritable and exhausted. A bath should be refreshing. If the bath leaves the patient tired for more than a few minutes, the advisability of giving only a partial bath at one time should be considered.

The Alcohol Rub

We have mentioned the need of watching for the signs of possible bed sores. Bed-sores are most apt to occur on the hips, along the spine, on the shoulders, or on the backs of the heels. Cleanliness is the first essential in their prevention. The longer the patient lies in bed the more likely bed-sores are to appear. A patient who must remain in bed more than a few days should have the back rubbed thoroughly with rubbing alcohol daily. If the patient's strength permits, this may be done at the time of the daily bath—as soon as the back has been bathed and dried. Left until later in the day, it will be more refreshing and less likely to be tiring.

Bed sores are due to pressure. They are encouraged by a lack of cleanliness. If in spite of efforts to prevent sores by cleanliness, tender-

ness and discoloration of the skin appear at any point where the weight of the body is borne, further preventive measures must be instituted. This consists of measures intended to keep the weight of the body off of the parts that threaten to become sore. This may sometimes be accomplished with small pillows or small pads. These are so arranged that the weight of the patient does not fall on the tender area. Much better than the pillows and pads are the bed-sore rings that are to be found on the market. These are of rubber, inflated with air, forming an air cushion, and may be had in one of several shapes adapted to various portions of the body. Bed-sores are most apt to occur in old people, in those whose circulation is impaired, or in those who are emaciated. They may occur, however, in any patient who has to remain in bed for several days. When they do occur they add much to the discomfort of the patient and to the work of the attendant.

The ideal nurse or sick-room attendant must possess many positive traits of character and disposition. In the first place she must be neat and clean. A uniform is unnecessary but simplicity in dress is desirable. She must be understanding and sympathetic; sympathetic only to the degree that she can get her patients point of view and appreciate the need of her own services. Her sympathy must be expressed in deeds, however, and not words. The nurse must be cheerful, kindly, quiet, dignified, thoughtful and sensible. Her task is an important one. It is an exacting one. A nurse whose mechanical technique is perfect may make herself unsatisfactory and undesirable by expressing too much sympathy for her patient and so inducing self-pity in the latter. This is to be avoided. She may talk to a patient who prefers to be let alone. She may ruffle the feelings or distress the mind of her patient by reciting harrowing details of similar cases she has attended or known of that did not come to a satisfactory issue. She may lack self-control and self-assertion sufficient to be master of her situation. To the 'know how' of her duties she must add 'a way with her patient' that is at the same time pleasing to the patient, and effective. The nurse must constantly bear in mind this fact. The state of mind, the disposition of a sick person is not that of a well person. The nurse must be prepared to ignore unreasonableness, impatience, and general crankiness in those who in health are known for their amiability and sweet reasonableness. She must be ready to cheer and amuse and awaken interest in an apparently hopelessly despondent patient who in health has been a brilliant example of enthusiasm, energy and ambition.

Routine

The care of a sick person is made easier if system is introduced in the direction of the daily routine. There are certain things that must be done every day—some of them many times daily. Most of them should be done in regular order and at the same time daily. Certain services must be rendered whenever the needs of the patient demand them, to be sure. But for the rest, if left to a chance opportunity they will never be done or will be done at a time that disturbs the patient. A sick person finds orderly routine agreeable. Food at regular intervals; the bath at a regular hour; an opportunity for an undisturbed nap at a certain time or times; all these contribute to the mental serenity of the patient and not a little to the bodily welfare as well.

Sick Room Etiquette

The sick room need not be a place of unearthly quietness but it must be a place of orderly quietness. The number of visitors and the conduct of visitors must necessarily depend upon the condition of the patient and his reaction to visitors. It is the nurses duty to be aware of the effect a visitor is having upon her patient. If a visitor is tiresome and disturbing, the nurse must find a tactful way to relieve the sick room of his presence. The patient is helpless to protect himself and the presence of an unwise or unwelcome visitor may undo the slow work of days of recovery. Nor must the nurse forget to guard her own conversation in the sick room. Details of ones own personal ailments of the past and present are not always diverting to the patient. A companionable nurse is a blessing. A garrulous nurse may be an unmitigated nuisance. Avoid whispered conversations in the sick room. The more extreme the condition of your patient the more important is this rule. A sick person is likely to be suspicious of such whisperings. Hold conversations in low tones with the air of disturbing your patient rather than with an air of concealment.

There are innumerable things, unimportant in themselves but grateful to the patient, a wide awake nurse will find to do; a pillow freshened or turned under the patient's head, a change of position with proper pillows or cushions to make the new position comfortable. A thoughtful nurse will think of these things and do them before the patient is conscious that they are desirable. But do not tire your patient with repeated proffers of help or with continual questions regarding their comfort. It is just as important to know when to let your patient alone as it is to know what to do and when to do it.

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